

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
2/15/07

PRINTED: 01/26/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2007
NAME OF PROVIDER OR SUPPLIER IDI			STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS Surveyor: 12301 A recertification survey was conducted from January 8, 2007 through January 10, 2007. Due to observations made during the survey, the survey was extended in the areas of Governing Body and Client Protections. A random sample of two clients was selected from a residential population of four males with mental retardation and other disabilities. The findings of the survey were based on observations at group home and one day program, interviews with staff, and review of records, including incident reports. The outcome of the survey revealed the facility failed to be in compliance with two Conditions of Participation: Governing Body and Client Protections.	W 000			
W 102	483.410 GOVERNING BODY AND MANAGEMENT The results of these systemic practices results in the failure of the governing body to adequately govern the facility to ensure the protection of clients' rights of their health and safety. The facility must ensure that specific governing body and management requirements are met.	W 102	W102 This Condition will be met as evidenced by: The governing body will implement strategies and initiate additional systems as needed to ensure general operating direction and compliance with the Conditions of Client Protections as outlined in W104, W120, and W122.	2.21.07 ongoing	
	This CONDITION is not met as evidenced by: Surveyor: 12301 The facility's governing body failed to maintain general operating direction over the facility [Refer to W104 and W120]. The systemic effect of these practices results in the failure of the governing body to adequately				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Nancy Branch

TITLE

Director Residential Services

(X6) DATE

2/15/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 102	Continued From page 1 manage and govern the facility and to ensure its compliance with the condition of Client Protections [See W122].	W 102			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the governing body failed to provide general operating direction over the facility as evidenced by deficiencies throughout this report and the following. 1. [Cross Refer to W149]. The governing body failed to provide appropriate oversight to ensure behavior management plans were effectively implemented to prevent client to client abuse. 2. [Cross Refer to W436] The governing body failed to ensure adaptive devices were available in the facility to meet clients needs.	W 104	W104 This Standard will be met as evidenced by: 1. Cross reference response to W149. Psychologist/QMRP/Home Manager will monitor implementation of behavior interventions, make changes and modifications as needed, provide ongoing oversight and monitoring as well as additional training as needed to ensure effective behavior management strategies are implemented. 2. Cross reference response to W436 QMRP/Medical staff will order and track adaptive devices to ensure clients needs are met. When problems are identified, appropriate follow-up will be taken and documentation maintained on file to support actions taken.		2-26-07
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure that outside services met the needs of two of two clients in the sample (Clients #1 and #2).	W 120			2-26-07 ongoing

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W 120	<p>Continued From page 2</p> <p>The findings include:</p> <p>The facility failed to ensure the dental services provider conducted timely follow-up on the status of the request for Medicaid preauthorization for treatment services.</p> <p>a. A dental consultation report for Client #2 dated July 5, 2006 revealed findings of gross caries of teeth #1, #16, #30 and also caries in teeth #18 and #19. The dentist also diagnosed "Heavy food deposits remaining in mouth. Moderate calculus (subgingival). Recommendation: Surgical extraction of #s 1, 16, 17, 30 under general anesthesia recommended. Will restore teeth #s 15, 18, and 19 along with the scaling. Will submit preauthorization to Medicaid for approval. Will call to reschedule once returned. Teeth # 1, 16 and 30 were surgically extracted on July 25, 2006</p> <p>According to a nursing progress note dated November 14, 2006, a telephone call was made to the dentist on that date to follow-up on the preauthorization to restore teeth #17, 18, and #19. The dental employee indicated that the authorization still had not returned from the 7/5/06 visit, however a third request for authorization would be submitted. At the time of the survey, the caries had not been filled and the scaling had not been performed. There was no evidence an effective system was established by the dental provider for timely monitoring of the status of outstanding requests for preauthorizations needed for dental treatment services. [See also W356, 2]</p> <p>b. The review of a dental consultation report dated dated May 12, 2006 revealed Client #1's</p>	W 120	<p>W120</p> <p>This Standard will be met as evidenced by:</p> <p>a. RN will review and discuss preauthorization process with MAA to determine if and/what strategies can be taken to expedite recommended dental treatments. Facility will follow-up to request closure to all outstanding pre-authorizations. Also, reference response to W356.2. Governing body will explore additional strategies and interventions toward more timely closure to preauthorized services. Nurses will continue to document actions taken and report status to RN for assistance and follow-up as needed. QMRP will also request additional assistance as needed from the DDS Case Manager.</p> <p>b. Appointment has been scheduled for client #1 to receive new dentures. Nurse/QMRP will review and discuss all recommendations and work collectively toward obtaining the adaptive equipment needed. Upon receipt of the new dentures, Client #1 will receive additional training and/or formal programming if warranted on wearing and maintaining his dentures. Direct Care staff will also receive additional training on implementation of program strategies and maintaining adaptive equipment in good repair.</p> <p>Also, reference response to W356.1 and W104 #2.</p>	<p>2.21.07 ongoing</p> <p>2.28.07</p>	

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W 120	Continued From page 3 was diagnosed with heavy calculus on his remaining teeth. The dentist further noted "Client not wearing his dentures. They have not been soaking in water and have since warped and no longer fit. Patient needs scaling; will submit reauthorization to Medicaid for approval. Will reschedule once returned." Nursing progress notes indicated the LPN called the dentist's office monthly from May 2006 through November 2006 to determine if the Medicaid authorization had returned to the dentist. The review of the Dental Service Monitoring form reflected follow-up call to the dentist by the nurse on August 14, 2006. At that time the nurse was informed a second request would be submitted. Interview with the QMRP and the nurse on January 10, 2007 indicated that the facility continued to wait to be informed by the dentist that the authorization had been received from Medicaid to perform the services. As a result, at the time of the survey, there was no evidence Client #1 had received the recommended dental maintenance and restorative services. [See also W356,1]	W 120			
W 122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Surveyor: 12301 Based on observation, client and staff interviews, and record review, the facility failed to ensure that a system had been developed to inform each client, parent or legal guardian of the client's behavioral status, risk of treatment, and the right	W 122			

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W 122	Continued From page 4 to refuse treatment [See W124]; failed to encourage each client to exercise their rights as clients of the facility [See W125]; the facility failed to establish and implement policies that ensure each client's health and safety [See W149]. The effects of these systemic practices results in the failure of the facility to protect its clients from potential harm and to ensure their general safety and well being.	W 122	W122 This Condition will be met as evidenced by: Reference response to W124, W125, and W149.	2.28.07 ongoing	
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on staff interview and record review, the facility failed to ensure that a system had been established to obtain consent for treatments that may cause risk to the rights of one of two clients in the sample. (Client #1) The findings include: The findings include: 1. [Cross-refer to W263]. During observation of the medication administration conducted on January 8, 2007, Client #1 received Fluphenazine HCl 5 ml/1 ml oral concentrate (5 mg). The Client also received Carbamazepine	W 124	W124 This Standard will be met as evidenced by: 1. Cross reference response to W263. Client #1 was assigned a legal guardian on 2/2/07. QMRP has reviewed the use of all restrictive interventions, medical matters, risks and benefits, right to refuse treatment including the use of psychotropic medications and restrictive programs/strategies. QMRP will ensure that client #1's legal guardian is informed on an ongoing basis and actively participates in the decision making process. QMRP will also ensure documentation of informed consent is maintained on file in client #1's records. 2. a. Cross reference response to W322.1 and W122.1. Client #1's colonoscopy has been scheduled and consent for the procedure obtained. b. Cross reference response to W322.2. Cystoscopy has been scheduled for client #1.		

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W 124	<p>Continued From page 5</p> <p>100 mg tab (2 tabs (400 mg), resume 500 mg dose if behavior worsens. Interview with the nurse and record verification revealed that these medications were prescribed in conjunction with a behavior management plan, to control Client #1's maladaptive behaviors associated with his diagnosis of Schizophrenia. In addition, the client's current physician's orders (POs) and Medication Administration Record (MAR) reflected the aforementioned medications are prescribed BID. According to Client #1's Psychological Assessment dated June 29, 2006, the client functions in the mild range of mental retardation and is able to express his opinions and preferences, which should be adhered to as appropriate. However, he cannot make independent decisions on his behalf regarding his habilitation planning, placement treatment, financial, and medical matters, as he is compromised in his Axis I diagnosis of Schizophrenia.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on January 8, 2007 revealed that Client #1 does not have a legally-sanctioned guardian and/or a surrogate health care decision-maker to review and approve the use of the restrictive interventions. The QMRP and the record review revealed that Client #1 has a guardianship hearing scheduled for January 22, 2007. At the time of the survey however, there was no evidence a legally authorized representative had been identified to represent the client regarding matter concerning his medical, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, including the use of psychotropic medications and restrictive programs/strategies on an ongoing basis.</p>	W 124			

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W 124	Continued From page 6 2. a. [Cross refer to W322, 1] Client 1 had a colonoscopy in March 2003 during which multiple polyps were removed from his intestines. A follow-up colonoscopy was recommended to be performed in three years. Interview with the QMRP and the record verification on January 10, 2007 revealed that the procedure could not be completed because the client did not have an authorized representative to sign the consent. Further interview with the QMRP indicated the guardianship hearing was scheduled for January 22, 2007. There was no evidence a guardian/surrogate decisionmaker had been obtained timely for the completion of the procedures recommended to monitor the client's health. b. [Cross Refer to W322, 2]. During medication administration on January 8, 2006 at 8:50 AM, Client #1 was observed to receive Uroxatral 10 mg tab SR 24H. Interview with the nurse indicated it is prescribed for urogenic bladder. Record verification on January 10, 2007 revealed on November 20 2006, the urologist recommended a cystoscopy with possible TURP to rule out bladder outlet obstruction. Interview with the nurse and the QMRP indicated the procedure had not been scheduled or performed due to the lack of a legally authorized representative to sign the consents.	W 124			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.	W 125	W125 This Standard will be met as evidenced by: Reference response to W124. A surrogate decision-maker for habilitation and treatment needs for client #1 has been obtained.	1-19-07 ongoing	

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W 125	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interviews and record review, the facility failed to ensure the right to have an identified surrogate decision-maker for habilitation and treatment needs for individuals who lacked the capacity to make informed decisions for one of two client in the sample. (Client #1).</p> <p>The finding includes:</p> <p>The facility failed to ensure guardianship and advocacy services for protection of the client's rights</p> <p>On January 9, 2007, a review of Client #1's records was conducted. Client #1 receives psychotropic medications and also has a Behavior Support Plan (BSP) for the management of schizophrenia. Interview and record review indicated these interventions have been explained to the client to the extent of his capability. According to Client #1's Psychological Assessment dated June 29, 2006, however, he is able to express his opinions and preferences, however, he cannot make independent decisions his own behalf regarding his habilitation planning, placement treatment, financial, and medical matters.</p> <p>Further interview with the the Qualified Mental Retardation Professional (QMRP) revealed that a guardianship hearing has been scheduled for the client to be assigned a legal guardian or a surrogate decision maker to assist him. At the time of the survey, however, there was no evidence surrogate decision-maker or guardian</p>	W 125			

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W 125	Continued From page 8 was available to ensure the client's rights were protected. [See W124]	W 125			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and interview, the facility failed have effective procedures to manage Client #1's maladaptive behaviors. The findings include: [Cross Refer to W249, a]. The facility failed to provide appropriate oversight to ensure facility's behavior management plans were effectively implemented to prevent client to client abuse as evidence by the following: On January 8, 2007 at 8:54 AM, Client #1 was observed telling Client #2 to "Move Over" as the client sat at the end of the couch. Client #1 stood in front of Client #2 until he moved over on the couch. Further observation of Client #2 during the survey revealed that it appeared easier for him to rise independently when he sat at the end of the couch. As the client moved about in the facility during the evening, staff were observed telling Client #1 he was a good man when he participated in or completed a task. On January 9, 2007 at 6:25 PM Client #3 was observed sitting on the couch in the basement.	W 149	W149 This Standard will be met as evidenced by: Cross reference response to W249,a, and W124. Direct Care staff have received training on client #1's behavior support plan which includes but not limited to; implementation of the proactive and intervention strategies, structured activities and engaging client #1 in a variety of daily living skills. QMRP/Home Manager will review behavior documentation on a regular basis. QMRP/Home Manager will monitor daily routines and provide feedback and direction for staff as needed. QMRP will ensure that behavior documentation is reviewed and discussed at the monthly psychotropic review meetings. Psychologist will also review documentation monthly and provide direction and feedback as needed for staff on program strategies and interventions.	2-21-07 ongoing	

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W 149	<p>Continued From page 9</p> <p>Client #1 came to the couch and told him to "Move Over". Client #3 looked at Client #1 and after hesitating, moved over.</p> <p>Interview with the home manager on January 9, 2007 indicated Client #1 has a behavior support plan for aggression. Review of the Behavior Support Plan (BSP) dated August 28, 2006 revealed the client has a history of physical aggression (hitting/striking others), verbal aggression (cursing), and making verbal threats (stating his intention to engage in physical aggression and making aggressive sexual overtures).</p> <p>Review of behavioral data revealed an average of 5.5 incidents/month of physical aggression and 5.5 incidents/month of threatening behavior from June through November 2006. Further review of behavioral data revealed this reflected an increase from February through May 2006 when the client exhibited an average of 2.75 incident a month of physical aggression and 2.5 incidents a month of threatening behaviors. The August 2006 Psychotropic Medication Review indicated the client's behaviors were in the baseline parameters. Additional Psychotropic Medication Reviews for October, November, and December 2006 revealed that the clients behaviors were fairly stable and in long term control.</p> <p>Further record review of Client #1's BSP revealed the following behavioral goals:</p> <p>a. Mr. [Client #1] will decrease episodes of physical aggression to zero incidents per month for twelve consecutive months.</p> <p>b. Mr. [Client #1] will decrease episodes of verbal</p>	W 149		

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W 149	Continued From page 10 aggression to zero incidents per month for twelve consecutive months. c. Mr. [Client #1] will decrease episodes of making verbal threats to zero incidents per month for twelve consecutive months. Proactive strategies in the BSP included casual verbal praise throughout the day and praise for task performance and completion. The plan further stated that behavior should be prevented by engaging the client in a structured activity. Finally, the client should be allowed to engage in a variety of daily living skills and recreational/ leisure activities of choice as appropriate. There was no evidence however that the proactive strategies were effective and effectively implemented to prevent Client #1's aggressive behavior toward his peers.	W 149			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility failed to ensure active treatment programs were integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) for two (Clients #1 and #2) of the four clients in the sample. The findings include: 1. The QMRP failed to ensure the individual	W 159	W159 This Standard will be met as evidenced by: 1. Reference response to W249.b Also, staff received additional training on client #1's behavior management plan, implementation strategies, documentation and reporting behavior concerns immediately as they arise. 2. Reference response W249.a 3. Reference response to W252.a QMRP will continue to monitor and provide direction and oversight as needed to ensure that client #1 and #2's active treatment programs are integrated, coordinated as outlined.	1-26-07 ongoing	

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W 159	Continued From page 11 program plans for Clients #1 and #2 were implemented as soon as they were formulated by the interdisciplinary team to maintain their continuous active treatment. [See W249, b] 2. The QMRP failed to ensure Client #1's need for a continuous active treatment in the area of behavior management was coordinated to minimize the frequency of his maladaptive behaviors. [See W249, a] 3. The QMRP failed to ensure that Client #1's behavioral data was stated in measurable terms. [W252]	W 159		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, staff interview and record review, the facility failed to provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The review of the June 23, 2006 Human Rights Committee (HRC) minutes revealed that Client #1's and Client 3's. Behavior Support plans were reviewed and approved on that date. The minutes further approved the use of MANDT Procedure to address extreme agitation if warranted for Client #3. Additionally, the use of MANDT procedure	W 189	W189 This Standard will be met as evidenced by: 1. QMRP/Home Manager will ensure that all Direct Care Staff are trained in MANDT procedures. Additional training has been provided in behavior management, communication, human sexuality, and dental. Home Manager will maintain master listing of all staff trainings, review monthly and schedule designated staff for trainings on an ongoing basis and/or as needed. QMRP will monitor training records on a regular basis to further ensure compliance with this standard. QMRP/Home Manager will monitor program implementation to ensure that all staff effectively demonstrate the skills necessary to perform his or her duties efficiently.	2-27-07 ongoing

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W 189	Continued From page 12 was approved for physical aggression for Client # 1. According to the BSP, "Least to most restrictive procedures of MANDT may be use if physical aggression escalates to a point where client or others are in imminent danger due to his display of physical aggression. Staff using MANDT must hold current certification". Interview with the QMRP and the home manager on January 10, 2007 revealed that some of the staff should already be trained in the use of MANDT as a behavior management technique. The review of provided records failed to evidence documentation of the aforementioned training. 2 The review of training documentation failed to indicate that three of the seven staff working with Client #1 had received inservice training on behavior management. 3. Interview with the Qualified Mental Retardation Professional indicated that some of the staff had been employed less than one year and had received training in many required areas during orientation. At the time of the survey, documentation was not available in the following specific area that related to the clients individual treatment plans: a. Communication b. Human Sexuality c. Dental	W 189			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the	W 249			

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W 249	<p>Continued From page 13 objectives identified in the individual program plan</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure that as soon as the interdisciplinary team (IDT) formulated each client's individual program plan, the client received continuous active treatment for two (Clients #1 and #2) of two clients in the sample.</p> <p>The findings include:</p> <p>1. The facility failed to ensure continuous active treatment to prevent Client #1 aggression to his peers.</p> <p>On January 8, 2007 at 8:54 AM Client #1 was observed to tell Client #2 "Move Over" as the client sat on the end of the couch in the living room. Client #2 uses crutches to ambulate. It was observed to appear easier for him to rise independently when sitting at the end of the couch. Client #1 was standing in front of him until he moved over on the couch. On January 9, 2007 at 6:25 PM, Client #3 was observed seated alone on the couch in the basement, Client #1 was observed telling Client #3 to "Move Over" from his position on the couch. Client #3 looked up at Client #1, then slowly moved over to the next seat on the couch.</p> <p>Interview with the home manager on January 8, 2007 indicated Client #1 has a behavior support plan for aggression. Review of the Behavior Support Plan (BSP) dated August 28, 2006</p>	W 249	<p>W249 This Standard will be met as evidenced by:</p> <p>QMRP will ensure that as soon as the interdisciplinary team formulates each client's individual program plans, active treatment will be continuous. Episodes of aggression will be monitored closely and all necessary interventions taken to ensure the safety of all client's. Also, reference response to W104.1, W149 and W159.</p> <p>Psychologist/QMRP will continue to monitor and track behavior incidents, recommended changes and modifications as needed.</p>	2.9.07	

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W 249	<p>Continued From page 14</p> <p>revealed the client has a history of physical aggression (hitting/striking others), verbal aggression (cursing), and making verbal threats (stating his intention to engage in physical aggression and making aggressive sexual overtures).</p> <p>Further review of Client #1 BSP revealed it includes the following behavioral goals:</p> <p>a. Mr. [Client #1] will decrease episodes of physical aggression to zero incidents per month for twelve consecutive months.</p> <p>b. Mr. [Client #1] will decrease episodes of verbal aggression to zero incidents per month for twelve consecutive months.</p> <p>c. Mr. [Client #1] will decrease episodes of making verbal threats to zero incidents per month for twelve consecutive months.</p> <p>Proactive strategies in the BSP include casual verbal praise throughout the day and praise for task performance and completion. Staff was observed telling Client #1 he was a good man when he participated in a completed a task. The plan further stated that behavior should be prevented by engaging the client in a structured activity. Finally, he should be allowed to be engaged in a variety of daily living skills and recreational/leisure activities of choice as appropriate. The intervention strategies for physical aggression included: Tell him firmly to stop the behavior. If he stops the behavior, he should be verbally directed to apologize to the person who he hit.</p> <p>Review of behavioral data revealed an average of</p>	W 249		

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W 249	<p>Continued From page 15</p> <p>5.5 incidents/month of physical aggression and 5.5 incidents/month of threatening behavior from June through November 2006. Further review of behavioral data revealed this reflected an increase from February through May 2006 when the client exhibited an average of 2.75 incident/month of physical aggression and 2.5 incidents/month of threatening behaviors. Additional review revealed a significant amount of this behavior was directed toward his peers as detailed below:</p> <p>3/14/06 Sitting in the van. Hit a consumer. 3/18/06 Client was sitting in the van talking with staff. threatened to hit Client #4. 3/30/06 Standing in the Chateau. Hit another consumer. 6/27/06 Client #2 admitted to hitting Client #2 while coming home from the day program. When staff questioned him why he did it he said it was because he could. 7/3/06 Talking with staff sitting and watching TV. Displayed aggression toward Client #3. 7/7/06 (9:00 AM) Walking around mumbling. Verbally threatened Client #3 several times. 7/7/06 (4:00 PM) Clients were eating snacks in the dining area. - Pushing Client #2 and threatened to him to do him bodily harm. 7/10/06 (8:00 AM) Constantly asking for a smoke. Kicked his roommate, Client #4 7/10/06 (8:50 AM) Pacing the floor. Swung at Client #2. 7/17/06 (7:20 AM) Pacing the floor. Hit Client #2 in the back of his head with his hand. 7/28/06 7:20 AM) Pacing the floor and mumbling. Made aggressive gesture toward Client #2. 9/4/06 (7:30 AM) Pacing floor; grabbed Client #3 by his neck 9/4/06 (7:45 AM) Came into the living room</p>	W 249			

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W 249	<p>Continued From page 16</p> <p>pacing around. Hit Client #2 in his face with his fist.</p> <p>9/13/06 (7:16 ?) Pacing around mumbling. Punched Client #4.</p> <p>10/12/06(3:35 PM) Silently riding in the van. Approaching the home, kicked at Client #4.</p> <p>10/13/06 (3:30 PM) Entered vehicle from day program. Swung at fellow customer.</p> <p>10/16/06 (5:10 PM) Seated at dinner table. Kicked at fellow customer.</p> <p>10/17/06 (4:20 PM) Seated on sofa at another facility waiting to be weighed. Reached over and caressed Client #2's crotch area.</p> <p>10/31/06 (7:25 AM) Finished using restroom. Kicked Client #2 on the leg.</p> <p>11/04/06(4:45 PM Client #1 sitting on the sofa with staff; staff asked Client #4 to sit on the sofa. Client #1 hit Client #4.</p> <p>11/04/06 (5:30 PM) Client #1 sitting on the sofa; kicked #2 while sitting.</p> <p>11/22/06 (9:10 AM) Seated in rear of vehicle. Grabbed staff's arm several times.</p> <p>11/23/06 (12:00 PM) Pacing the floor. Swung a punch at his peer.</p> <p>11/2506 (7:00 AM) Staff and clients singing carols. Client #1 hit Client #4 on his head.</p> <p>There was no evidence the proactive strategies identified in Client #1's BSP were effectively implemented to prevent the aforementioned incidents of physical abuse to his housemates.</p> <p>[Note: ABC data also indicated that in addition to the aforementioned behaviors, the client had also exhibited aggression to staff at his group home and day program.]</p> <p>2. Interview with the Qualified Mental Retardation Professional (QMRP) on January 9, 2007</p>	W 249			

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W 249	Continued From page 17 indicated that Individual Support Plan (ISP) Conferences were held in 2006 for all clients residing in the facility. Record verification on January 9, 2007 revealed the following information regarding the dates of the ISPs and the dates on which they were implemented: (a) Client #1: ISP date July 21, 2006; Implementation date August 21, 2006 (b) Client #2: ISP date February 1, 2006; Implementation date February 6, 2006 There was no evidence that the IPP objectives were implemented as soon as it was formulated by the IDT.	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, staff interview and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives were documented in measurable terms, for one (Client #1) of two clients in the sample. The findings include: Interview with Qualified Mental Retardation Professional revealed Client #1 has a Behavior	W 252			

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W 252	<p>Continued From page 18</p> <p>Support Plan (BSP) for aggression. Interview with staff indicated if the client has a behavior, it is written on the ABC data sheet.</p> <p>The record review revealed that Client #1's BSP includes the following behavioral goals:</p> <p>a. Mr. [Client #1] will decrease episodes of physical aggression to zero incidents per month for twelve consecutive months.</p> <p>b. Mr. [Client #1] will decrease episodes of verbal aggression to zero incidents per month for twelve consecutive months.</p> <p>c. Mr. [Client #1] will decrease episodes of making verbal threats to zero incidents per month for twelve consecutive months.</p> <p>ABC documentation included the following incidents of behavior:</p> <p>..3/14/06 Sitting in the van. Hit a consumer.</p> <p>..3/30/06 Standing in the Chateau. Hit another consumer.</p> <p>..10/13/06 (3:30 PM) Entered vehicle from day program. Swung at fellow customer.</p> <p>..10/16/06 (5:10 PM) Seated at dinner table. Kicked at fellow customer.</p> <p>..11/23/06 (12:00 PM) Pacing the floor. Swung a punch at his peer.</p> <p>There was no evidence the consumers toward whom Client #1 exhibited the aggression was identified in the above incidents.</p>	W 252	<p>W252</p> <p>This Standard will be met as evidenced by:</p> <p>QMRP/Psychologist will provide additional training for all staff on documentation requirements and expectations. QMRP will review and discuss documentation procedures, documentation sheet and make changes/modifications as needed to ensure that the documentation clearly shows evidence of the type of aggression exhibited by client #1.</p> <p>Also, reference response to W159 and W 149.</p>	<p>2.21.07 ongoing</p>	

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W 252	Continued From page 19	W 252			
W 263	<p>Additionally, ABC data for July 3, 2006 revealed that while staff and Client #1 was talking, the client displayed aggression toward Client #3. The documentation however did not state the type of aggression the client exhibited. There was no evidence the data contained all information necessary to accurately measure the client's performance.</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility's specially-constituted committee (Human Rights Committee, HRC) failed to ensure that restrictive programs were used only with written consents, for one of the two clients in the sample. (Client #1)</p> <p>The findings include:</p> <p>Observation of the medication administration was conducted on January 8, 2007 between the hours of 8:15 AM and 8:50 AM. At 8:50 AM, Client #1 received Fluphenazine HCL 5 mg/1 ml oral concentrate for schizophrenia and Carbamazepine 200 mg, 2 tabs (400 Mg). Record verification revealed both medications are also prescribed to be administered in the evening at 6:00 PM. Interview with the nurse and further record verification revealed that these</p>	W 263			

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W 263	Continued From page 20 medications were prescribed in conjunction with a behavior support plan, to control Client #1's maladaptive behaviors. Interview with the Qualified Mental Retardation Professional on January 8, 2007 revealed that Client #1 does not have a legally-sanctioned guardian and/or a surrogate health care decision-maker. The client's record indicated that he had mild mental retardation and was unable to make informed decisions. The review of the HRCT minutes dated revealed although the use of the BSP and psychotropic medications were approved, there was no evidence written consent was obtained from a legally-sanctioned guardian and/or a surrogate health care decision-maker to implement the restrictive programs/strategies.	W 263	W263 This Standard will be met as evidenced by: 1. Reference response to W124.	2/14/07 on-going
W 290	483.450(b)(5) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Standing or as needed programs to control inappropriate behavior are not permitted. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on staff interview and record review, the facility failed to ensure that a standing or as needed program to control inappropriate behavior were not included in the treatment plan of one (Client #1) of two clients in the sample. The finding includes: On January 8, 2007 at 8:50 AM, Client #1 was observed receiving Carbamazepine 200 mg, 2 tabs (400 mg) in addition to his other psychotropic medication. Record verification revealed a	W 290	W290 This Standard will be met as evidenced by: The order to "Resume 500mg dose if behavior worsens) will be reviewed to determine if changes are needed. QMRP will also discuss and review Client #1's behaviors of physical aggression with the Psychologist, modify BSP as needed and/or develop as least restrictive proactive strategies as needed. Also, cross reference response to W124 relating to Client #1.	2/15/07

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W 290	Continued From page 21 current and continuing physician's order which states Carbamazepine 200 mg tablet, 2 tabs 400 mg by mouth twice daily (Resume 500 mg dose if behavior worsens) for schizophrenia" which was dated September 8, 2002. Interview with the QMRP indicated the client has a behavior support plan which addresses physical and verbal aggression. Review of behavioral data revealed an average of 5.5 incidents of physical aggression and 5.5 incidents of threatening behavior from June through November 2006. The June 23, 2006 HRC confirmed that indicated Tegretol 400 mg BID and a range of Tegretol 100 -1600 mg/day were approved. There was no evidence however, that a discussion was held to approving "Resume 500 mg dose if behavior worsens) for schizophrenia"	W 290			
W 310	483.450(e)(1) DRUG USAGE The facility must not use drugs in doses that interfere with the individual client's daily living activities. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview, and record review, the facility failed to ensure that medication administered for behavior management does not interfere with the daily living activities for one client residing in the facility (Client #3). The finding includes: At 6:40 PM, Client #3 was observed seated at the dining table with Client #4 and Staff #3. Interview with staff indicated the clients had their baths and	W 310	W310 This Standard will be met as evidenced by: Client #3's Medication Administration Record was reviewed and modified on 1/12/07 to reflect "at bedtime" as ordered by his physician. RN will continue to monitor for potential side effects of medication to ensure no interference with activities of daily living.		1/12/07

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W 310	<p>Continued From page 22</p> <p>both were observed dressed for bed. Staff indicated it is time for the clients do their programs because after rising early in the AM, they are usually ready to go to bed around 8:00 PM. Further interview with Staff #3 indicated the clients ate dinner around 5:00 PM and that medications were administered. Staff also mentioned Client #3 enjoys reading the newspaper, puts it back together after he finishes it, and keep everything in its place.</p> <p>At 6:59 PM, Client #3 was observed with his head down on the dining table and appeared to be sleeping. The Qualified Mental Retardation Professional (QMRP) asked the client if he was tired. The client responded "yes". When the QMRP asked the client if he wanted to lie down and rest, the client responded "Yes". The QMRP followed the client as he got up from the table headed toward his bedroom. The client returned to the living room later and at 8:10 PM, was observed to continuing to drift in and out of a nap with his eyes closed.</p> <p>Interview with the QMRP on January 10, 2007 at 11: 15 AM revealed the client had exhibited extreme agitation during the last year. His dosage of Zyprexa (psychotropic medication) decreased from 10 mg to 7.5 mg on November 21, 2006 due his reduction in behavior.</p> <p>The review of the MAR indicated the nurse administered Zyprexa 7.5 mg with the 6:00 PM medications on January 8, 2007. Further review of a physician's order dated November 21, 2006 revealed "Zyprexa 7.5 mg at Bedtime" was prescribed. Record review revealed the Zyprexa is prescribed for extreme agitation. Subsequent handwritten notes on the MAR indicated "</p>	W 310			

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W 310	Continued From page 23 rewritten" and handwritten change in the administration time of the medication to 6:00 PM. On January 9, 2006 at 5:04 PM, the client was observed to receive Zyprexa 7.5 mg. Interview with the nurse indicated the orders state the client should received the Zyprexa with the 6:00 PM medications. Further interview with the nurse indicated the client always receives the Zyprexa 7 .5 mg at this time. Record verification revealed a pharmacy order for the client to receive Zyprexa 5 mg at HS. On January 9, 2006 at 5:53 PM. Client #3 was observed sitting asleep as he sat on the couch attempting to watch television. The QMRP asked him if he wanted to go to bed. The client declined and continued to sit asleep on the couch occasionally opening his eyes. Interview with the QMRP indicated that Client #3's behavior had improved and that his psychotropic medication had been reduced. At the time of the survey, there was no evidence to substantiate that medication administered to did not interfere with his daily living activities.	W 310			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure timely preventive care for two of two clients in the sample. (Clients #1 and #2) The findings include:	W 322			

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W 322	<p>Continued From page 24</p> <p>1. The facility failed to ensure that Client #2 received a recommended follow-up colonoscopy timely.</p> <p>Client 1 had a colonoscopy in March 2003 during which multiple polyps were removed from his intestines. At that time, a follow-up colonoscopy was recommended to be performed in three years. Interview with the Qualified Mental Retardation Professional (QMRP) and the nurse on January 10, 2007 revealed that the colonoscopy had not been completed due to the lack of a signed consent to perform the procedure</p> <p>Record review revealed QMRP and nursing progress provided the following information concerning the status of the recommended colonoscopy:</p> <p>a. 5/16/06 - A nursing progress note indicated the client had a GI follow-up on May 16, 2003 after the colonoscopy and the removal of the polyps. A follow-up colonoscopy was recommended in three years. This follow-up appointment was conducted with the gastroenterologist (GI) on May 19, 2006 due to the client's history of colon polyps. The GI indicated that the group home would be called with a date and time for the procedure. The consultation report indicated that consents also need to be obtained. The progress note further indicated that the Primary Care Physician (PCP) would be informed of the recommendation.</p> <p>b. 5/22/06 - The QMRP the nurse with a MRDDA medical affidavit for the PCP to complete.</p> <p>c. 6/22/06 - LPN informed the QMRP that the colonoscopy had been scheduled for 7/20/06.</p>	W 322	<p>W322 This Standard will be met as evidenced by: Reference response to W124 for client #1.</p> <p>Client #2 has been scheduled for the recommended colonoscopy. Medical staff along with QMRP will monitor all recommended interventions and follow-up in a timely and secure all necessary paperwork prior to the scheduled appointments.</p>		<p>2-23-07 ongoing</p>

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W 322	<p>Continued From page 25</p> <p>QMRP has submitted Psychological affidavit for completion since client has no family to sign the consent.</p> <p>d. 6/27/06 - The QMRP documentation revealed PCP and Psychologist have both received the affidavits for the required completion.</p> <p>e. 7/8/06 - The client's case manager was changed. Contact was made with the MRDDA supervisor.</p> <p>f. 7/21/06 -Completed affidavits were provided to MRDDA for guardianship. The appointment was the colonoscopy was cancelled due to no no consent available.</p> <p>g. 7/28/06 - The QMRP called the case manager was called to follow-up on the status of the affidavits for guardianship. Case manager stated that she would follow-up during the following week on Wednesday.</p> <p>Interview with the QMRP on January 9, 2007 revealed the client's guardianship hearing was scheduled for January 22, 2007. At the time of the survey however, the colonoscopy recommended to be completed in March 2006 had not been conducted.</p> <p>2. The facility failed to ensure the recommendation to rule out bladder obstruction for Client #1 was addressed timely.</p> <p>Client #1 was observed to receive Uroxatral 10 mg tab SR 24H during the medication administration on January 8, 2007 at 8:50 AM. Interview with the nurse indicated it is prescribed for urogenic bladder. At at 9:02 AM a large</p>	W 322		

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W 322	<p>Continued From page 26</p> <p>amount of fluid was observed on the bathroom floor in the basement. Interview with staff who was about to clean the floor indicated it was urine. Further interview with staff indicated it may have been Client #1 or Client #3 who urinated on the floor because they sometimes occurs.</p> <p>Record review indicated Client #1 was being followed by the urologist for frequent urination. Record verification revealed revealed the following information concerning Client #1 urological follow-up:</p> <p>a. On May 31, 2006 the client had his annual urology consultation. The urologist diagnosed frequent urination. Uroxatral 10 mg tab SR 24H was prescribed. The urologist further recommended that bladder out obstruction be ruled out. A six week follow-up appointment was given.</p> <p>b. During the July 13, 2006 visit, the urologist determined the client to have a bladder obstruction vs. neurogenic bladder. The urologist assessed a PVR (post void residual) of 70 cc during the bladder scan. Further the urologist recommended to continue the Uroxatral however, to consider a TURP to rule out bladder obstruction.</p> <p>c. A follow-up consultation on November 20, 2006 revealed the urinary frequency persisted as well as the post void residual, despite the Uroxatral daily. During this visit, the urologist indicated a cysto with possible TURP was warranted to rule out bladder outlet obstruction. A nursing progress note dated November 27, 2007 indicated the nurse notified the urologist that the client did not have a guardian to sign a consent for the</p>	W 322		

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W 322	Continued From page 27 procedure. Interview with the nurse and the QMRP on January 10, 2007 revealed the procedure had not been scheduled or performed due to the lack of a legally authorized representative to sign the consents. There was no evidence Client #1 received timely treatment services to manage his bladder obstruction. 3. The facility failed to ensure timely preventive and restorative dental health services for Clients #1 and #2. (See W356) 4. The facility failed to ensure Client #2 received extra depth shoes to wear during the use of his AFOs. (See W436, 2)	W 322			
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure nursing services were provided in accordance with the needs of two of two clients (Clients #1 and #2) in the sample. The findings include: 1. On January 8, 2007, Client was observed to ambulate with Lofstrand crutches as he left for his day program at 9:15 AM. Interview with staff indicated that he wears bilateral braces and Ankle Foot Orthoses (AFOs) to provide additional support during ambulation. Record review a physicians's order for Client #2 on January 13, 2007 revealed an order which stated to "check skin under AFO's twice a week on Monday and	W 331	W331 This Standard will be met as evidenced by: 1. Reference response to W436. RN has provided additional training on monitoring and documentation in accordance to physician orders. RN will continue to monitor and review client records to ensure ongoing compliance with this standard. Appropriate disciplinary action will be taken as needed for individual employees who fail to adhere to the outlined expectations. 2. Reference response to W310	2/15/07 Ongoing	

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W 331	<p>Continued From page 28</p> <p>Thursdays in the PM. Review of the MAR revealed no documentation that the skin was checked underneath the AFO's since January 4, 2007</p> <p>According to the clinical record, the client had a follow-up consultation post custom fitting of bilateral AFOs on June, 27, 2006. The consultant indicated the AFOs fit well, recommended proper donning for AFOs and follow-up in six months. Further record review revealed a recommendation by the Physical Therapist (PT) dated January 25, 2006 which stated to ensure well fitting socks to decrease risk of skin breakdowns and to monitor lower extremities for foot breakdown.</p> <p>According to a podiatry consultation report dated November 1, 2006, Client #2 had a diagnosis of "Ulcer to left mid lateral foot. Necrotic tissue noted ulcer 3 cm. erythema noted. Ulcer debrided. Started on Keflex". Interview with the nurse on January 10, 2006 at approximately 5:10 PM indicated the foot ulcer may have been related to the AFO which the client is prescribed to wear at all times during ambulation. There was no evidence the skin under Client #2's AFOs was closely monitored to minimize the risk of breakdown. [See also W436,b]</p> <p>2. The review of the MAR during verification of medications administered revealed Client #3 received Zyprexa 7.5 mg with the 6:00 PM medications on January 8, 2007. Further review of a physician's order dated November 21, 2006 revealed "Zyprexa 7.5 mg at Bedtime" was prescribed. Record review revealed the Zyprexa is prescribed for extreme agitation. Subsequent handwritten notes on the MAR indicated "</p>	W 331			

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W 331	Continued From page 29 rewritten" and a handwritten change in the administration time of the medication to 6:00 PM. On January 9, 2006 at 5:04 PM, the client was observed to receive Zyprexa 7.5 mg. Interview with the nurse indicated the client always receives the Zyprexa 7.5 medication with the 6:00 PM medications. Record review revealed a pharmacy order for the client to receive Zyprexa 5 mg at HS. There was no evidence the Zyprexa was administered at the prescribed time.	W 331			
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility failed to ensure comprehensive treatment services were provide timely for the maintenance of the dental health of two of two clients in the sample. (Clients #1 and #2) The findings include: 1. Observation of Client #1 at 7:40 AM revealed he had many missing teeth Interview with Client #1 on January 8, 2007 at 8:02 AM revealed he had dentures. When asked about the dentures, the client responded "That's corny". Interview with Staff #1 indicated he thought the client wore dentures in the past, however he no longer wears them.	W 356	W356 This Standard will be met as evidenced by: 1. Appointment for client #1 is scheduled for 3/5/07 2. Client #2 dental appointment is scheduled for 3/12/07. In the future, Nurse/QMRP will follow up with DDS case manager to seek additional assistance as needed in accordance to the adaptive equipment polices.		3-12-07 ongoing

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W 356	<p>Continued From page 30</p> <p>According to a dental consultation reported dated May 12, 2006, Client #1 was diagnosed with heavy calculus on his remaining teeth. The dentist further noted "Client not wearing his dentures. They have not been soaking in water and have since warped and no longer fit. Patient needs scaling; will submit reauthorization to Medicaid for approval. Will reschedule once returned." Further review of the clinical record reflected an annual medical recommendation by the Primary Care Physician dated August 3, 2005 that the client's dentures be replaced. The record review, however revealed no evidence either of the recommended procedures were completed. Nursing progress notes indicated the LPN called the dentist's office monthly from June through November 2006 to determine if the Medicaid authorization had returned to the dentist. She was informed however, that it had not yet been received. Interview with the Qualified Mental Retardation Professional(QMRP) and the nurse on January 10, 2007 indicated that the facility waited to be informed by the dentist when the authorization was received from Medicaid to perform the services. At the time of the survey, there was no evidence Client #1 had received the recommended dental maintenance and restorative services.</p> <p>[Note: The review of available clinical records indicated a dental assessment was also conducted on May 12, 2005 during which scaling was recommended. There was no documented evidence that this scaling was performed.]</p> <p>2. The facility failed to ensure that Client #2 received timely dental treatment services.</p>	W 356			

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W 356	<p>Continued From page 31</p> <p>Observation of Client #2 at dinner on January 10, 2007 revealed staff cut his pot roast to bite size. Interview with staff indicated the client had teeth extracted. The review the mealtime protocol reflected the client is on a regular diet, however he need assistance from staff to cut up his meat.</p> <p>Record review revealed the following information concerning Client #2's dental health care.</p> <p>a. Client #2 was initially evaluated by the dentist on April 3, 2006. The dentist recommended extraction of teeth #31, #32, #1, #16, and #17. The dentist indicated however that the client preferred not to have the teeth extracted on that date but extracted during the next week. The client was prescribed for Motrin 100 mg for pain.</p> <p>b. On April 6, 2006, the dentist diagnosed "Grossly decayed teeth #31 and #32 with periapical radiolucency associated with tooth #31. Extraction of teeth #31 and #32 was performed.</p> <p>c. A follow-up appointment was given for April 14, 2006. The dentist's observation of the post extraction site on this date revealed the area to be irritated and inflamed. Warm salt water rinses three times per day for one week were recommended. Motrin 600 mg, 1 tab Q 6 hours prn and Amoxicillin 500 mg, 1 cap Q 8 hours were prescribed.</p> <p>d. On May 10, 2006, the dentist indicated the client had several teeth with cavities that needed to be evaluated by the general dentist to determine if feasible for restorative care or whether teeth need to be extracted. The dentist recommended, "Request treatment plan indicating which teeth are being referred for oral</p>	W 356			

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W 356	<p>Continued From page 32</p> <p>surgery for extraction....Once evaluated by the restorative dentist, appointment to be made for oral surgery."</p> <p>e. A dental consultation report dated July 5, 2006 revealed findings of gross caries of teeth #1, #16, #30 and also caries in teeth #18 and #19. The dentist also diagnosed "Heavy food deposits remaining in mouth. Moderate calculus (subgingival). Recommendation: Surgical extraction of #s 1, 16, 17, 30 under general anesthesia. Will restore teeth #s 15, 18, and 19 along with the scaling. Will submit preauthorization to Medicaid for approval. Will call to reschedule once returned. Teeth #s 1, 16 and 30 were surgically extracted of July 25, 2006</p> <p>A nursing progress note dated October 9, 2006 revealed the nurse telephoned the dentist office to follow-up on the status of the Medicaid authorization for the scaling and restoration of Client #2's teeth. The receptionist informed her that the authorization had not been received.</p> <p>f. According to a nursing progress note dated November 14, 2006, a telephone call was made to the dentist on that date to follow-up on the preauthorization to restore teeth #17, 18, and #19 . The dental employee indicated that the authorization still had not returned from the 7/5/06 visit, however stated a third request for authorization would be submitted.</p> <p>g. The record review revealed on December 21, 2006, Client #2 went to his regular dentist. Review of the consultation report indicated " Recall exam, moderate calculus deposits. Pt. needs scaling. Will submit reauthorization for Medicaid approval. Will call to reschedule once</p>	W 356			

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W 356	Continued From page 33 returned".	W 356			
W 436	<p>At the time of the survey, there was no evidence the the restoration of teeth #s 15, 17, 18, and 19 or the dental scaling recommended on July 5, 2006 had been completed. There was no evidence Client Received preventive dental health services for the maintenance of his dental health.</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility failed to ensure special shoes were obtained for Client #2; failed to ensure special shoes were maintained in good repair for Client #1; and failed to ensure that Client #1 was provided with dentures as recommended by the interdisciplinary team (IDT).</p> <p>The findings include:</p> <p>1. The facility failed to ensure Client #2 orthopedic shoes were maintained in good repair.</p> <p>Observation of Client #1's orthopedic shoes on January 10, 2006 revealed that both shoes were very runover. Approximately 50% of the both of the heels were worn off on the outer edges. Interview with the home manager indicated the</p>	W 436			

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W 436	<p>Continued From page 34</p> <p>client had received the special shoes approximately three months prior to the survey. Further interview with the home manager indicated the client wears his shoes out quickly, however the the funding agency only pays for the purchase of one pair of special shoes a year.</p> <p>Record verification revealed on October 28, 2006 the Physical Therapist commented, "Absence of normal arm swing and trunk rotation in his gait. Elbow and wrist flexion during ambulation. He lands on the lateral border of his foot which causes increased lateral shoe wearing". There was no evidence Client #2 orthopedic shoes were closely monitored for the wear on the heels to ensure timely maintenance.</p> <p>2. The facility failed to ensure Client #2 received recommended extra depth shoes to fit over his AFO's.</p> <p>On January 8, 2007, Client was observed to ambulate with Loftstrand crutches as he left for his day program at 9:15 AM. Interview with staff indicated that he wears bilateral braces, Ankle Foot Orthoses (AFOs) to provide additional support during ambulation. Record review indicated the client had a follow-up consultation post custom fitting of bilateral AFOs on June, 27, 2006 during which staff were instructed on proper donning. The consultant indicated the AFOs fit well, recommended proper donning for AFOs and follow-up in six months. Further record review revealed a recommendation by the Physical Therapist (PT) dated January 25, 2006 which stated to ensure well fitting socks to decrease risk of skin breakdowns and to monitor lower extremities for foot breakdown.</p>	W 436	<p>W436</p> <p>This Standard will be met as evidenced by:</p> <p>Client #2 was referred to the vender for molded shoes, however, the Physical Therapist concluded that the recommended extra depth shoes are not the molded shoe of choice in client #2's case. He has documented the type of shoes needed for client #2 and will follow-up to ensure that the order is completed as specified. If the recommendations change the Physical Therapist in coordination with the QMRP will update client #2's records and inform client #2 of the status. Further, client #2 has been cleared by the Physical Therapist to wear his current shoes with fitted socks until the molded shoe of choice has been secured.</p> <p>QMRP will monitor status of 719a in accordance with the adaptive equipment policies and solicit supports from DDS if needed in order to ensure timely processing and receipt of molded shoes as recommended.</p> <p>QMRP and Home Manager will monitor the wear of client #2's shoes. Shoes will be ordered/secured for client #2 as needed. Also, cross reference response to W331, #1 and #2.</p>	<p>2-23-07 ongoing</p>	

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W 436	<p>Continued From page 35</p> <p>Record review revealed Client #2 was evaluated on September 14, 2006 for the use of molded shoes with the AFOs. At that time the adaptive equipment provider recommended extra depth shoes to fit over the AFOs. The facility was requested to submit an original 719A approving the special shoes. Record verification reflected an Adaptive Equipment Assessment dated November 7, 2006 which recommended molded shoes to be used with crutches. A corresponding 719A dated November 21, 2006 signed by the Primary Care Physician (PCP) was also noted.</p> <p>Further record review revealed a medical consultation report from the podiatrist dated November 1, 2006. The report indicated a diagnosis of "Ulcer to left mid lateral foot. Necrotic tissue noted ulcer 3 cm. erythema noted. Ulcer debrided. Started on Keflex" 500 mg BID During the follow-up visit on November 14, 2006, the podiatrist indicated that the ulcer was healing. Interview with the nurse on January 10, 2006 at approximately 5:10 PM indicated the foot ulcer may have been related to the AFO which the client is prescribed to wear at all times during ambulation.</p> <p>Interview on January 9, 2007 with the Qualified Mental Retardation Professional (QMRP) indicated the 719A had been submitted to vendor for the extra depth shoes, however it takes a while to get the shoes because they are specially made. At the time of the survey, there was no evidence Client #2 had received the extra depth shoes recommended to fit over the AFOs or that a date had been provided for the delivery of the shoes for the client.</p>	W 436			
W 440	483.470(i)(1) EVACUATION DRILLS	W 440			

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W 440	Continued From page 36 The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure that each shift of personnel participated in an evacuation drill at least quarterly. The findings include: Interview with the group home manager and the review of the staff schedule on January 9, 2007 revealed that staff that work on the weekends do not work during weekdays. Further interview with the group home manager and the review of available evacuation drill records on January 10, 2007 revealed no evidence that drills occurred for the following quarters during the weekends (day and overnight shifts) for the following time periods: Weekend shifts a. 2nd Quarter -April 1 through June 30, 2006 b. 3rd quarter - July 1 through September 30, 2006 c. 4th Quarter-October 1 through December 31, 2006 There was no evidence that evacuation drills were held on each shift at least quarterly.	W 440	W440 This Standard will be met as evidenced by: House Manager will ensure that all staff participate in an evacuation drills at least quarterly. QMRP will monitor monthly to ensure compliance with this standard.	2.29.07 <i>ongoing</i>	
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455	W455 This Standard will be met as evidenced by: QMRP will ensure that client's #1 and #2 receive training on infection control. QMRP/Home Manager will encourage all staff to follow infection control procedures and provide client support/supervision to reinforce strategies for the prevention and control of potential infections. Additional handwashing signs will be posted in the bathrooms to remind both staff and clients to wash hands before existing.	2.9.07 <i>ongoing</i>	

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W 455	<p>Continued From page 37</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility failed to have an active program for the prevention and control of potential infections for two of two clients (Clients # 1 and #2) in the sample.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On January 9, 2007 at 5:21 PM, Client #2 was observed biting a hole in the center of his slice of whole wheat bread at dinner. Staff offered him the container of margarine. The client dipped his knife into the margarine and spread it on his bread. He then repeated the process. The client was not supervised or reminded to not dip the knife back into the margarine after using it to spread the margarine onto his bread which he had previously bitten. There was no evidence infection control procedures were exercised at this time. 2. On January 8, 2007 at 8:15 AM, Client #1 was observed entering the dining area. Staff said the client had just come out of the bathroom and asked him if he had washed his hands. The client refused to go back to the bathroom and responded "I am going to wash them right here." Running water could be heard from the kitchen. Interview staff revealed no bathroom was located in this area and the client had washed his hands in the kitchen sink. There was no evidence infection control procedures were exercised at this time to prevent the client from washing his hands in the kitchen sink after using the bathroom 	W 455			

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W 455	Continued From page 38	W 455		

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I 000	INITIAL COMMENTS Surveyor: 12301 A recertification survey was conducted from January 8, 2007 through January 10, 2007. Due to observations made during the survey, the survey was extended in the areas of Governing Body and Client Protections. A random sample of two clients was selected from a residential population of four males with mental retardation and other disabilities. The findings of the survey were based on observations at group home and one day program, interviews with staff, and review of records, including incident reports.	I 000			
I 073	3503.3(b) BEDROOMS AND BATHROOMS Each bedroom shall be equipped with at least the following items for each resident: (b) Clean comfortable pillow; This Statute is not met as evidenced by: Surveyor: 12301 The finding includes: Client's #1 and #4 were observed to have flat bedpillows.	I 073	1073 Bedrooms and Bathrooms House Manager will ensure that Client's #1 and Client #4's bed pillows are replaced. Home Manager/Shift Leaders will complete routine home inspections and address concerns as they arise to further ensure compliance with this standard.	1-13-07 ongoing	
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Surveyor: 12301 The finding includes:	I 090	1090 House Keeping House Manager will provide maintenance request for repair of the warped area located underneath the cabinet. Home Manager will conduct weekly environmental walk through of the home and report all concerns in writing immediately to the maintenance department.	1-12-07 ongoing	

Health Regulation Administration

Nancy Branch

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director Residential Services

(X6) DATE

2/15/07

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I 090	Continued From page 1 The bottom of cabinet located underneath the kitchen sink appeared to be damaged from water and was severely warped. Interview with staff indicated that there was a slow slow leak because it collapsed without any prior indication of damage. The manager further stated that the leak has been repaired.	I 090			
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Surveyor: 12301 The findings include: Interview with the group home manager and the review of the staff schedule on January 9, 2007 revealed that staff that work on the weekends do not work during weekdays. Interview with the group home manager and the review of available evacuation drill records on January 10, 2007 revealed no evidence that drills occurred for the following quarters during the weekends (day and overnight shifts) for the following time periods: Weekend shifts a. 2nd Quarter -April 1 through June 30, 2006 b. 3rd quarter - July 1 through September 30, 2006 c. 4th Quarter-October 1 through December 31, 2006	I 135	1135 Fire Safety House Manager will ensure that all staff participate in an evacuation drill at least quarterly. QMRP will monitor monthly to ensure compliance with this standard.	2.28.07 ongoing	

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I 222	Continued From page 2	I 222			
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Surveyor: 12301 The findings include: See Federal Deficiency Report - Citation W189	I 222	1222 Staff Training House Manager/QMRP will ensure that there are continuous, ongoing in-service training programs scheduled for all personnel. Also, reference response to Federal Deficiency Report, W189.	2.22.07 ongoing	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Surveyor: 12301 The findings include: See Federal Deficiency Report - Citations WW 290, W310, W322, W331, W356,, W436	I 401	1401 Profession Services: General Provisions Reference response to Federal Deficiency Report: W290; W310; W322; W331; W356; W436.	2.28.07 ongoing	
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Surveyor: 12301	I 420	1420 Habilitation and Training Reference response to Federal Deficiency Report W249 and W252.	2.21.07 ongoing	

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I 420	Continued From page 3 The findings include: See Federal Deficiency Report - Citations W249 and W252	I 420			
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Surveyor: 12301 The findings include: See Federal Deficiency Report - W122, W124, W 125, W149, W263, W290, W310	I 500	1500 Resident's Rights Reference responses to Federal Deficiency Report W122; W124; W125; W149; W263; W290; W310.	2-21-07	
I 999	FINAL OBSERVATIONS Surveyor: 12301 The following observations were made during the survey process. It is recommended that these areas be reviewed and a determination be made regarding appropriate action to prevent potential non-compliant practices: 1. No vent in basement bathroom to supply heat. Window observed for ventilation. 2. On December 8, 2007 at 8:15 AM Client #1 came to the living room from the bathroom. Staff #1 asked him if he washed his hands. The client left the living room and went into the kitchen with the staff. Staff again reminded him about washing his hand. The Client responded, I am	I 999			

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I 999	<p>Continued From page 4</p> <p>going to wash them right here and proceeded to wash his hands in the kitchen sink. There was no evidence staff ensured the client washed his hands in an appropriate location ensure appropriate infection control measures were implemented.</p> <p>3. On January 8, 2007 at 9:01 AM, the nurse instructed Client #2 to go to the basement bathroom to wash his hands prior to having his fingernails cut. Upon arriving at the bathroom door, the client stated, "Water is on the floor in here." Inquiry regarding the source of the water indicated one of two clients (Client #1 or #3) probably had urinated on the floor, because they do this sometimes do this. Further inquiry regarding who cleans the floor when this occurs indicated the staff does it. Staff #4 was observed cleaning the floor in the basement floor. There was no evidence a plan had been implemented to encourage the clients to clean the floor if urine spilled accidentally on it.</p> <p>5. Client #1's BSP dated Psychological Assessment dated June 29, 2007 revealed that his 8/29/05 BSP addresses physical aggression (hitting/striking peers and staff when upset or angry and threatening behavior (aggression sexual overtures, making verbal threats, cursing and aggressive posturing)</p> <p>6. On various occasion during the survey, Client #1 was observed to be walking around with his pants unzipped.</p> <p>1/8 1/8/07 10:53 AM Client observed at his day program with his pants unzipped. 1/9/07, 3:27 PM Client #1 observed with his pants unzipped;3:29 PM home manager</p>	I 999			

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I 999	Continued From page 5 instructed the client to zip up his pants. 1/09/07..6:08 PM Observed with his pants unzipped again; home manager again verbally prompted him to zip his pants up again. 1/9/07, 6:11 PM...Home manager verbally prompted Client #1 to pull up the zipper on his pants.	I 999			